Fill in this information to identify the case:								
Debtor 1	Marian Lynn Bickcom							
Debtor 2 (Spouse, if filing)								
United States Case number	Bankruptcy Court for the: Eastern 15-53320-mlo	District of Michigan (State)						

Form 4100R

AMENDED

	<u> </u>	f Final Cu	ire Pa	yme	nt					10/
ccording to Bankrupto	cy Rule 3002.1(g), the	e creditor respond	ds to the tru	ıstee's no	tice o	f final	cure pa	ayment.		
art 1: Mortgage	Information									
Name of creditor:	U.S. Bank Trust but solely as tru					dual c	apaci	Court 2-1	claim r	no. (if known
_ast 4 digits of any i	number you use to i	dentify the debto	or's accoun	t: <u>7</u>	6	6	9			
Property address:	28935 York Stre	-								
	Number Street									
	 Inkster	MI	48141	_						
	City	State	ZIP Code							
art 2: Prepetitio	n Default Payment									
Creditor agrees the on the creditor's c	claim.									
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Debtor 1

Marian Lynn Bickcom

Middle Nam

Last Name

Case number (if known) _____15-53320-mlo

Part 4:

Itemized Payment History

If the creditor disagrees in Part 2 that the prepetition arrearage has been paid in full or states in Part 3 that the debtor(s) are not current with all postpetition payments, including all fees, charges, expenses, escrow, and costs, the creditor must attach an itemized payment history disclosing the following amounts from the date of the bankruptcy filing through the date of this response:

- all payments received;
- all fees, costs, escrow, and expenses assessed to the mortgage; and
- all amounts the creditor contends remain unpaid.

Part 5:

Sign Here

The person completing this response must sign it. The response must be filed as a supplement to the creditor's proof of claim.

Check the appropriate box::

- ☐ I am the creditor.
- I am the creditor's authorized agent.

I declare under penalty of perjury that the information provided in this response is true and correct to the best of my knowledge, information, and reasonable belief.

Sign and print your name and your title, if any, and state your address and telephone number if different from the notice address listed on the proof of claim to which this response applies.

Date 11,19,2021

Signature

Molly Slutsky Simons Print

Attorney for Creditor

Company

Sottile and Barile, Attorneys at Law

If different from the notice address listed on the proof of claim to which this response applies:

Address

394 Wards Corner Road, Suite 180 Number

Loveland OH 45140 City ZIP Code

(513) 444 _ 4100 Contact phone

 $_{\mathsf{Email}}$ bankruptcy@sottileandbarile.com

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF MICHIGAN DETROIT DIVISION

In Re: Case No. 15-53320-mlo

Marian Lyn Bickcom Chapter 13

Debtor. Judge Maria L. Oxholm

PROOF OF SERVICE

The undersigned does hereby certify that a copy of the Amended Response to Notice of Final Cure Payment has been duly electronically serviced, noticed or mailed via U.S. First Class Mail, postage prepaid on November 19, 2021 to the following:

Marian Lyn Bickcom, Debtor 28935 York St Inkster, MI 48141

William D. Johnson, Debtor's Counsel filing@acclaimlegalservices.com

Christopher W. Jones, Debtor's Counsel filing@acclaimlegalservices.com

Ryan Allen Paree, Debtor's Counsel filing@acclaimlegalservices.com

Brian D. Rodriguez, Debtor's Counsel filing@acclaimlegalservices.com

Tammy L. Terry, Chapter 13 Trustee mieb ecfadmin@det13.net

United States Trustee's Office (registeredaddress)@usdoj.gov

Respectfully Submitted,

/s/ Molly Slutsky Simons

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Phone: 513.444.4100

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Attorney for Creditor